PTO/SB/17 (10-08)
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|---|-----------------------|------------------------------|-----------------------------------|----------------------------------|--------------------------|------------|----------------|--|
| E   |                       | Complete if Known            |                                   |                                  |                          |            |                |  |
| Fees pursuant to the Cons   |                       |                              |                                   | 10/530,879-Conf. #2276           |                          |            |                |  |
| FEE TI  | Filing Date           |                              |                                   | October 27, 2005                 |                          |            |                |  |
| For FY 2009   |                       |                              |                                   | First Named Inventor             |                          | Bengt GUSS |                |  |
|   | Examiner N            | Examiner Name                |                                   | B. J. Gangle                     |                          |            |                |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                       |                              | Art Unit                          | PARTORN                          |                          | 1645       |                |  |
| TOTAL AMOUNT OF PAYMENT (\$) 130.00   |                       |                              | Attorney Do                       | Attorney Docket No. 1209-0184PUS |                          |            |                |  |
| METHOD OF PAYMENT (check all that apply)  |                       |                              |                                   |                                  |                          |            |                |  |
| Check Credit Card Money Order None Other (please identify):   |                       |                              |                                   |                                  |                          |            |                |  |
| X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP   |                       |                              |                                   |                                  |                          |            |                |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                       |                              |                                   |                                  |                          |            |                |  |
| x Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee  |                       |                              |                                   |                                  |                          |            |                |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |                       |                              |                                   |                                  |                          |            |                |  |
| FEE CALCULATION   |                       |                              |                                   |                                  |                          |            |                |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                       |                              |                                   |                                  |                          |            |                |  |
|   |                       |                              | SEARCH FEE                        |                                  | NATION FEES              |            |                |  |
| Application Type  | Fee (\$)              | Small Entity<br>Fee (\$) Fee | Small En<br>(\$) Fee (\$          |                                  | Small Entity<br>Fee (\$) | Fees I     | Paid (\$)      |  |
| Utility   | 330                   |                              | 10 270                            |                                  | 110                      | 1.000.     | uiu (v)        |  |
| Design  | 220                   |                              | 00 50                             |                                  | 70                       |            |                |  |
| Plant   | 220                   |                              | 30 165                            | 170                              | 85                       |            |                |  |
| Reissue   | 330                   |                              | 10 270                            | 650                              | 325                      |            |                |  |
| Provisional   | 220                   | 110                          | 0 0                               | 0                                | 0                        |            |                |  |
| 2. EXCESS CLAIM FEES Small Entit  |                       |                              |                                   |                                  |                          |            |                |  |
| Fee Description Each claim over 20 (including Reissues)   |                       |                              |                                   |                                  |                          |            | Fee (\$)<br>26 |  |
| Each independent claim over 3 (including Reissues)  |                       |                              |                                   |                                  |                          | 52<br>220  | 110            |  |
| Multiple dependent claims   |                       |                              |                                   |                                  |                          | 390        | 195            |  |
| Total Claims  |                       |                              | Fee Paid (\$)                     | ee Paid (\$) Multiple Depen      |                          |            | dent Claims    |  |
| 20 - 69 = x = <u>Fee (\$)</u>   |                       |                              |                                   |                                  |                          |            | 5)             |  |
| HP = highest number of total claims peid for, if greater than 20.   |                       |                              |                                   |                                  |                          |            |                |  |
| Indep. Claims   | Extra Claims          | Fee (\$)                     | Fee Paid (\$)                     | _                                |                          |            |                |  |
| HP = highest number of in   | dependent claims paid | for, if greater than 3.      |                                   | _                                |                          |            |                |  |
| 3. APPLICATION SIZE FEE   |                       |                              |                                   |                                  |                          |            |                |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 |                       |                              |                                   |                                  |                          |            |                |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |                       |                              |                                   |                                  |                          |            |                |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =   |                       |                              |                                   |                                  |                          |            |                |  |
| 4. OTHER FEE(S) (round up to a whole number) x =<br>Fees Paid (\$)  |                       |                              |                                   |                                  |                          |            |                |  |
| Non-English Specification, \$130 fee (no small entity discount)   |                       |                              |                                   |                                  |                          |            |                |  |
| Other (e.g., late filling surcharge): 1251 Extension for response within first month 130.00   |                       |                              |                                   |                                  |                          |            |                |  |
| SUBMITTED BY  |                       |                              |                                   |                                  |                          |            |                |  |
| Signature A   | monin                 | 4                            | Registration N<br>(Attorney/Agent | 28,977                           | Telephone                | (703) 20   | 5-8000         |  |
| Name (Print/Type) Gera  | M. Murphy, J          | .[]                          |                                   |                                  | Date N                   | 1V 69      | 2000           |  |

